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Taking a Social Marketing Approach to Implementing Clinical Best Practices: A Pilot Project

Current public health research indicates that we can mitigate many of the leading causes of morbidity and mortality in the US by using evidence-based interventions and guidelines. The expectation and challenge is that busy clinicians will use, and also teach medical students to use, these evidence-based “best” practices in community settings. Health departments, quality improvement organizations and medical educators all share a stake in using disease prevention and health promotion to improve the population’s health.

How do practicing physicians weigh the “pros” and “cons” of implementing clinical best practices? Public health (“social”) marketing theory predicts that physicians (“audience”) will be more likely to engage in practices (“behaviors”) that coincide with key “determinants” of their professional actions. How do clinical best practices compete with other factors attempting to influence the everyday behavior of physicians?

Researchers explored these questions using two focus groups of primary care physicians (N=12) in salaried and non-salaried practices. The pilot project concentrated on breast cancer screening and tobacco cessation.

The physicians identified many barriers to implementing these best practices such as: distrust of the science or efficacy of the guidelines; complex or continually changing guidelines; “self-interested” sponsors; time, cost and lack of insurance coverage for related activities; and adapting guidelines to individual patients. Physicians overcome some barriers by customizing interventions, offering patients informed choices and referring to community resources.

The findings promote re-thinking the design of guidelines (“product”) and channels for communicating them (“promotion”). Implications for further research include interventions that leverage physicians’ interest and involvement in medical education as a way to influence their own use of clinical best practices.

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